

Health Equity Annual Progress Report

San Francisco Department of Public Health

2019-2020



Table of Contents

Executive Summary	2
Overview of Health Equity at DPH	3
Overview of Health Equity Strategic Goals	4
2019-2020 Health Equity Action Plan	5
Progress and Challenges in 2019-2020	5-6
2021 Plan Highlights	6-7
Staff Acknowledgements	8
2020 Summary by Service Area	9-11
Staff Engagement Survey Results	12

Letter from the Director of Health

As the Director of Health for the City and County of San Francisco, I am proud to share the work of DPH staff to advance health equity in San Francisco. I am deeply committed to ensuring that equity is at the forefront of both our departmental policy and planning as well as our day-to-day work. I'm also dedicated to creating and sustaining a departmental culture of accountability, wherein we all take tangible actions towards achieving equity at DPH every day.

This first annual report of the Office of Health Equity illustrates the discernible progress that we have made during an unprecedented 18 months in San Francisco. It outlines what has been successful, what is still underway and what challenges we faced. The term 'equity' is frequently used, and at times may seem a laudatory goal but the tangible steps needed to achieve it often remain abstract; progress is stymied. In contrast, at DPH, we will continually strive to make reality reflect aspirations. We hold ourselves accountable for demonstrating equitable actions and impacts by setting goals and being transparent about our progress toward true health equity. This report is an important step in achieving that reality.

Grant Colfax, MD
Director
San Francisco Department of Public Health

DPH Strategic Equity Goals

1. An end to health disparities
2. A culture of equity and inclusion
3. A diverse and engaged workforce
4. A sustainable equity infrastructure
5. Authentic community relationships
6. Consistent accountability

Executive Summary

The Department of Public Health has been making decentralized efforts to advance equity for many years. The centralized and standardized equity program is roughly 5 years old, and the establishment of an executive level equity leadership position and the creation of the Office of Health Equity happened less than 2 years ago in 2019. This report outlines the significant work that occurred from July 2019 through the end of 2020 (extending beyond the end of the fiscal year due to COVID-related disruptions). This is the first annual report of the Office of Health Equity, outlining both the equity advances and challenges in DPH service areas and the department-wide work of developing DPH as an anti-racist institution.

The strategic frameworks outlined in the beginning of the report gives some foundation to the central principle driving this work; We can achieve health equity through sustained, focused, daily effort. The work reported here is presented within those frameworks. The Government Alliance on Race and Equity developmental framework defines the stage of development the work supports; Normalizing (creating priority and culture), Organizing (establishing structures and resources) and Operationalizing (changing policies and practices). The Office of Health Equity further divides the activities that occur at those stages into 4 areas;

1. Service Quality Improvement, including improved healthcare delivery and health disparities reduction, as well as community engagement and improved community-based public health services.
2. Equity Culture, including workforce diversity and inclusion, training on equity concepts and priority, leadership behavior.
3. Capacity Building, including the development and management of staff positions, data systems, budgets and training that improves staff equity implementation skills.
4. Accountability, meaning the goal setting, outcomes reporting and public information sharing that sets a standard for the

Department to meet and gives the public the information needed to judge the outcomes.

We have also given an outline of the six overarching goals of the DPH Health Equity program. These goals include; the creation of a sustainable infrastructure to sustain this work, and the elimination of health and workforce racial disparities. Ensuring inclusion and shared-power in our internal and external relationships are also key goals; this includes stronger community engagement and a workplace culture of inclusion. Finally, we will hold ourselves accountable for the progress and success of this work to our staff, city leaders and the public through transparency and open communication.

The remaining sections describe the initial plans for equity activities in 2019-2020, as well as the successes and challenges to implementing those plans in light of the COVID response mobilization. Finally, there is a brief description of the plans for 2021 that are the next step forward from the activities of 2020.

At the end of the report we move from the department-level to the divisional level. There has been a substantial increase in activities in all divisions as the equity infrastructure has grown. Equity leaders have initiated new trainings, programs, activities and policies that have had positive impacts. These activities are listed by division along with a brief assessment of their organizational development on equity issues. These efforts at the division-level have led to greater reported equity-related knowledge, as well as increased positive observations and behaviors from staff, as seen in the Employee Engagement Survey. This detailed information and data is included in the appendices of this report.

Ayanna Bennett, MD, MS
Chief Health Equity Officer
San Francisco Department of Public Health

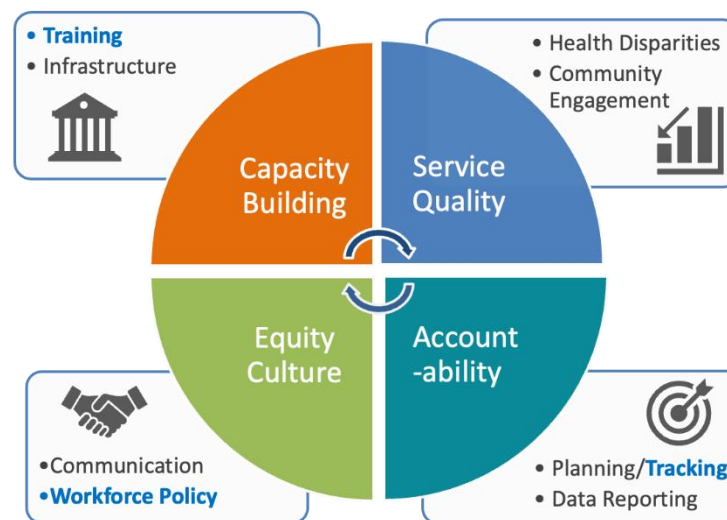
Overview of Health Equity at DPH

Focused efforts to advance equity at DPH, both in health outcomes and workforce experience, began in earnest in 2014. The initial focus was a response to data showing a large gap between the health of Black/African American (B/AA) residents and all others, and a similar gap between the experience of B/AA employees and other staff, which remains a key focus. In 2016, DPH was invited by the San Francisco Human Rights Commission to participate in an equity training program with other city agencies. That program was run by the Government Alliance on Race and Equity (GARE), a national group supporting proactive efforts of state and municipal governments to correct racial inequities in their communities. Government policy has a well-documented role in creating and maintaining racial hierarchies in the resources, living conditions and opportunities offered to those they serve. San Francisco became a member of the GARE network in 2016.

The framework for action recommended by GARE is two-fold; 1.) a developmental approach that sees equity work as the movement from exclusionary to transformational institutional behavior, 2.) a sequence of activities that establish foundational needs—namely a culture where anti-racism is **normalized** as a priority, and there is an **organized** infrastructure dedicated to sustaining change—are put in place before prioritized changes in policy and practice are **operationalized**. This framework (normalize, organize, operationalize) has guided the transition of DPH equity work from small isolated initiatives around specific disparities to systematic approaches advancing health equity broadly. The GARE approach to institutional capacity building is visible in these DPH Health And Race Equity Goals.

The Office of Racial Equity (ORE), also created in October 2019, is charged with leading city agencies in advancing racial equity. The ORE has charged all city agencies to submit a Racial Equity Action Plan (REAP) every 3 years, starting in 2021. The focus of this version of the REAP is workforce equity, including policy to increase staff diversity and inclusion.

This report describes the Department of Public Health's efforts to advance health and workforce equity. It is envisioned that this is the first annual report and will be repeated in 2022 to review the work from this year. This is, however, not an annual report but instead spans July 2019 to December 2020. A single set of objectives, set in July 2019, guided activity for this 18-month period and there were unprecedented challenges to meeting those objectives. Two major factors in the difference in timeframe for this report are: 1.) the switch from fiscal year to calendar year to match the timeframe of the Racial Equity Action Plan, 2.) the COVID-19 response put demands on DPH staff and resources that delayed some equity activities, so the 2019 goals were continued through 2020.



An additional element of context is the change in organizational structure for equity work at DPH. The DPH Office of Health Equity (OHE) was established in October, 2019 to organize and expand our ongoing equity initiatives. This report encompasses the transition from a decentralized program that varied across divisions, to the centralized standardization and oversight provided by OHE. This is reflected in the emphasis on capacity building and infrastructure in the goals and activities described in this report.

DPH Health Equity Strategic Goals

Goal 1: Ensure all San Franciscans have equal opportunity to enjoy health and life by reducing key health disparities for BIPOC communities, with a priority on most impacted, B/AA communities.

Goal 2: Uphold a culture that recognizes equity as the foundation of all other DPH priorities and recognizes racial and social justice as integral to the success of public health and healthcare.

Goal 3: Develop and support a diverse and engaged workforce that is equipped to ensure equity and inclusion for both staff and residents.

Goal 4: Build internal capacity by maintaining a strong, sustainable equity infrastructure (including staffing and funding) and continuing education.

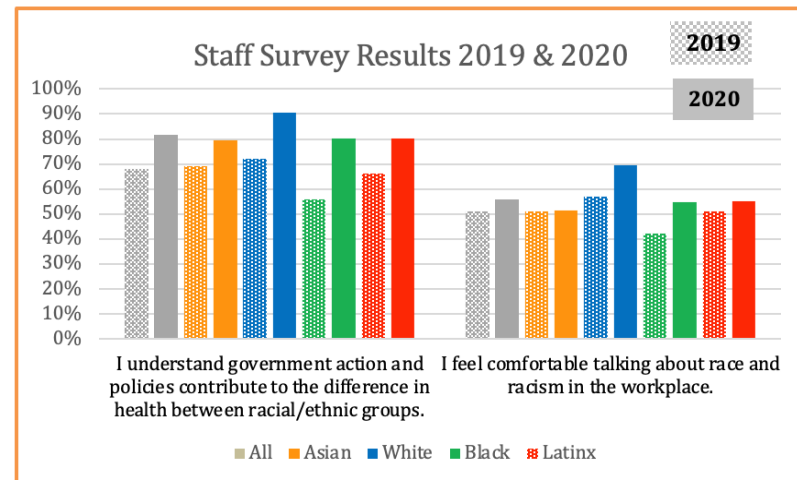
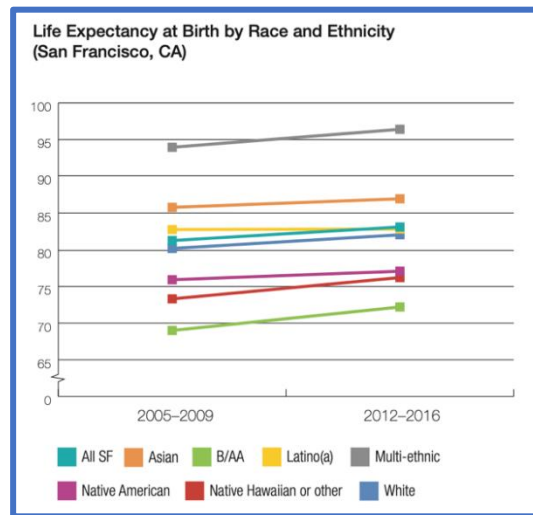
Goal 5: Create authentic relationships with communities that center on shared decision-making, so that effective community engagement is as a DPH standard.

Goal 6: Hold ourselves consistently accountable for making substantive change in all of our goals, and **communicate** our progress with community members, elected officials, partner agencies and our own staff.

Progress and Challenges in 2019-2020

All DPH functions were impacted heavily by the COVID-19 response. This was true of our equity program as resources shifted to provide COVID-related services and maintain healthcare access for DPH patients. The central equity functions of the Office of Health Equity The equity program was especially impacted by the diversion of staffing and resources to the COVID-19 response. Four of the five staff in the Office of Health Equity at the beginning of 2020 were deployed to the Emergency Operations Center. A single staff member was left to maintain the central equity program during most of 2020. Equity Leads

Data Source: Life Expectancy at Birth: State of California, California Dept. of Public Health, VRBIS Death Statistical Master File Plus 2005-2017



were also deployed at various times, decreasing resources in the sections.

Equity learning programs had been mostly in person up to March 2020 to allow for more substantive dialogue on sensitive issues of race and inequity. These were curtailed due to restrictions on gathering. An intensive fellowship training launched in February 2020 that had only one session before suspending. And yet, training continued. The single on-line training created before COVID-19 was deployed as a mandatory training and a new 4-hour equity training requirement was established for all staff. Our long-standing discussion program, the Equity Learning Series, was transitioned successfully from monthly in-person sessions at 5 sites to shared weekly on-line session.

The release of the Racial Equity Action Plan (REAP) from the Office of Racial Equity in mid-2020 was also challenging. The Director of the Office Health Equity was among the hundreds of DPH staff deployed staff and was unavailable to lead the plan development until months later. This challenge too was met with resources already in place. The workforce equity focus of the REAP made it possible for the Equity Lead for Human Resources to step in as convener, using the Equity Council model already in place in other divisions. Additionally, the existing DPH Health Equity Action Plan had already included funds for a Workforce Equity Director who was hired near the end of the year and helped bring the plan to completion on time.

2019-2020 Health Equity Action Plan Outcomes

DPH has produced an annual Health Equity Action Plan since 2017. The plans follow the GARE framework (described above), normalizing and training in the first years and moving to organizing infrastructure in 2019-2020. For 2019, the objectives were all chosen to include concrete outcome metrics across the wide range of DPH activities; this

includes workforce training and activities, the staffing infrastructure to support equity work, and target health and workforce equity outcomes.

Despite that challenge, many of the objectives set in 2019 were met. In some cases where outcomes were not achieved, the racial gap was reduced (see * in Graphic 3). This sustained development was possible because of staffing and activities put in place the before COVID-19 arrived. This allowed for more leaders acting to maintain the program when other members of the team were deployed.

The following notes describe the activities of 2019-2020 in terms of the strategic goal they are intended to advance. Goals 4-6 were not targeted in the 2019-2020 plan. While positive actions were taken on these strategic goals, they were not areas of focus and are not listed here. See the following table for specific data points (Graphic 3).

Goal 1: A culture that recognizes equity as a foundation

Over 2018-19 it became apparent to the Equity Leads that some staff did not have sufficient historical background and basic knowledge of equity vocabulary and concepts to benefit fully from the offered trainings. Also, many staff who work nights, in the field, or in busy clinical services cannot attend in-person trainings. OHE staff and the Equity Leads worked together to develop an online training, Health Equity 101, that gave this foundational information. This training, and others, resulting in a substantial increase in staff agreeing with a statement endorsing the role of government in the development of health inequities, exceeding our goal.

Training in the structural roots of inequality, awareness of the impact of racism, and training in implicit bias all have the expectation of reducing the disrespectful and exclusionary treatment that BIPOC people experience. This should be reflected in the way staff report their supervisors treat their direct reports (as those in a position of power) and the way staff members treat members of the public.

In the Employee Engagement Survey of 2019 we saw number of staff members who did not agree that managers and staff were showing respect to others and that Black African American employees responded with the most unfavorable ratings. Staff ratings of whether respect being shown to staff members or patients/clients show little change from 2019 to 2020. However, we did see a decrease in the racial disparity through an increase in favorable ratings from Black African American staff.

Goal 2: Build internal capacity

In early 2019 several large areas of the department had established professional level positions to oversee internal equity work. That model was successful and the objective for 2019-2020 was to replicate that model as a standardized position, all with a matrix connection to the Office of Health Equity and each other. By the end of 2020 9 of the 11 sections of DPH (missing only IT and Finance) had established Equity Lead positions, (of note, IT and Finance had designated staff though without significant protected time). The Equity Champions program that launched in 2020 gave staff 5 hours per month of protected time to split between health equity self-study and implementation projects in their area. The program is intended to increase the number of staff meeting health equity competencies and expand health equity activities. We predicted 50 applicants and received over 80. Some of the Champions were deployed or in impacted services so their year was disrupted. However, many did complete their activities. The program will relaunch in 2021.

The reasoning for the creation of Equity Leads and Equity Champions is that they would generate increase equity-related work in their respective areas. This appears to have happened with an increase in staff responding favorably that their department and they themselves were active in addressing equity.

Goal 3: Reducing key health disparities for BIPOC communities

Eliminating the disparity in hypertension control between Black African American patients and San Francisco Health Network patients generally has been a shared goal by multiple sections of DPH. Significant improvement happened in this metric before the advent of COVID. However, the activities meant to address this issue have been impacted by COVID; restrictions on patient movement and outpatient visits, the staffing shortages that reduced outreach capacity (though extra effort has preserved much of that activity) and COVID data reporting demands have made this metric difficult to fully assess. For that reason we are not reporting a result for this objective for 2020. Activity continues and we will reassess in 2021.

2021 Health Equity Action Plan Highlights

In 2021, the first year of the city-wide Racial Equity Action Plan, we will be adding much more workforce equity activity to the plan. However, we must also fulfil our mission to achieve health equity for the residents of San Francisco, and support the mental, environmental, and physical well-being of the city. The plan for 2021 includes activities to advance equity in all these areas.

- Management training to increase skills in equitable employee development and discipline
- Relaunching of the Equity Champions and Equity Fellows programs
- New processes for recruitment, hiring and discipline to reduce bias and increase applications for underrepresented minorities
- New data tracking systems for hiring and discipline to monitor for potential bias and evaluate the impact of process changes

- Employee resource groups to support onboarding and retention of staff, with an emphasis on BIPOC employees most at risk for disproportionate separation or discipline
- Equity training, equity resolutions and new decision making tools for the Health Commission
- Addition of a health disparity reduction goal for all clinical services and workforce equity disparity reduction for all areas
- Development of a technology-based community engagement solution that allows for improved, more robust communication between DPH programs and the community
- Design of a Health Equity Impact Assessment tool for equitable program development and evaluation
- Development of a Health Equity scorecard for public sharing of health and workforce equity goals and progress

2019 Goal Outcomes: All goals include closing of racial gaps on disaggregation		Baseline 2019	Outcome by 12/20	% change	Goal Met?
1.	On the 2020 Employee Engagement Pulse Survey: 80% answer favorably to description of the role of government in contributing to racial health inequities.	68%	82%, no gap	20.5%	YES*
2.	Established designated leaders, Equity Leads, to provide equity leadership for all 10 major sections (an additional section – Whole Person Integrated Care – was created in 2020, making the total 11).	3/10 Sections with Leads	9/11 Sections with Leads	300%	YES
3.	50 active Racial Equity Champions in the 2019 founding cohort, successfully completing both equity education and equity project implementation goals.	N/A	80	N/A	YES
4.	On the 2020 Employee Engagement Pulse Survey: <ul style="list-style-type: none"> 60% answer favorably to “My department is actively working to advance equity.” 60% answer favorably to “I am actively advancing equity in my work.” 	50% (2019) 50% (2019)	54% (2020) 55% (2020)	8% 10%	NO* NO
5.	Hypertension control for B/AA patients in Primary Care and Laguna Honda Hospital and Rehabilitation Center at 70%.	Data collection and programming disrupted by COVID.			
6.	On the 2020 Employee Engagement Pulse Survey: <ul style="list-style-type: none"> >80% answer favorably to the question “Managers in my area show respect to staff of all races and ethnicities.” >80% answer favorably to the question “Staff in my area show respect to members of the public of all races and ethnicities.” 	74% 76%	74% 79%	0% 0%	NO* YES*

*Racial gap in responses decreased (separate from whether the total score didn’t improve).

Appendix A: DPH Equity Leadership

Office of Health Equity

Ayanna Bennett, Director, Office of Health Equity
Dante King, Director of Workforce Equity
Toni Rucker, Office of Health Equity Senior Manager
Vincent Fuqua, Coordinator of Community Engagement
Gavin Morrow-Hall, Coordinator of Equity Learning
Tracy Shaw-Senigar, Community Health Education
Michela Tanya Yared, Equity Intern
Mateo Lumbreras, Director HOPESF Community Wellness
Lisa Reyes, Director, Trauma Informed Systems (TIS)
Jenee Johnson, Program Innovation Leader Mindfulness, Trauma, Racial Equity
Pooja Mhatre, TIS Implementation Specialist
Kristina Wallace, Community Health Education
Nikie Gibson, Community Health Education

Equity Leads by Area

Jessica Brown, Behavioral Health Services
Richa Dhanju, Human Resources
Tanya Mera, Jail Health Services
Amie Fishman, Laguna Honda Hospital
Jennifer Carton Wade, Laguna Honda Hospital
Melissa Brown, Maternal Child and Adolescent Health
Veronica Shepard, Population Health Division
Robin George, Primary Care
Elizabeth Lynch, ZSFG [interim]

Equity Governing Council

Greg Wagner, Chief Operating Officer
Jenny Louie, Chief Financial Officer
Susan Philip, Health Officer & Director, Population Health Division
Rita Nguyen, Deputy Director, , Population Health Division
Jacque McCright, Population Health Division
Susan Ehrlich, Chief Executive Officer, ZSFG
Andrea Turner, Chief Operating Officer [interim], ZSFG
Michael Phillips, Chief Executive Officer, Laguna Honda Hospital
John Grimes, Chief Operating Officer, Laguna Honda Hospital
Hali Hammer, Director of Ambulatory Care, SF Health Network
Hillary Kunins, Director, Behavioral Health Services
Anna Robert, Director, Primary Care
Lisa Pratt, Director, Jail Health Services
Aline Armstrong, Director, Maternal Child & Adolescent Health
Luenna Kim, Director, Human Resources
Sneha Patil, Office of Policy & Planning
Eric Raffin, Chief Information Officer, Information Technology
Maggie Rykowski, Director, Office of Compliance

Appendix B: 2020 Summary by Service Area

Each service area of the department reported their activities for 2019 and 2020, and the Leads did a self-assessment designed by OHE to measure their sections development in equity standards. The assessment measured development in the areas of Normalizing, Organizing and Operationalizing. Each domain had a number of activities and these were judged on a 5 point scale: 1=planning (no implementation has been done but goals and resources are identified), 2=beginning (some work is happening but in the pilot or early implementation stage), 3=working (work is happening but is inconsistent, isolated or under-resourced), 4=established (efforts are firmly established but in the first year or without sustainable staffing/funding), 5=sustained (adequate staffing and funding committed long-term and work is imbedded in regular operations), with 0 points for activities not yet considered. Every area of the department saw some regression due to COVID when activities called for in-person gathering or staff participation in areas of increased workload.

Behavioral Health Services

The FY 2019/2020 BHS Equity Work Plan and related activities included a combination of projects, initiatives, strategic plans, evaluations, and quality improvement efforts from within and across various BHS sections. The BHS Equity Work Plan objectives were voluntarily chosen by leadership from the following BHS sections in collaboration with BHS OEWD and DPH partners:

- Children, Youth, & Families (CYF) System of Care (SOC)
- Transition Age Youth (TAY) System of Care (SOC)
- Adult/Older Adult (A/OA) System of Care (SOC)
- Substance Use Disorders (SUD) Services
- Medical Services
- Quality Management (QM)

Successes and struggles in completing these efforts included a variety of internal and external factors including the onset of the COVID-19 pandemic and resulting response, the heightened systemic racism pandemic, civil unrest, staff vacancies, deployments, and availability of resources. Primary metrics addressed Workforce/Training which were impeded by COVID-19 response and staff leave.

Out of 16 A3 proposed countermeasures, 11 were completed. An additional 6 out of 8 equity activities were achieved outside of the original A3 proposed countermeasures. Where some efforts have yet to be completed, there were great strides in others such as those made in:

- Telehealth
- CYF workforce and clients' demographics summary
- Equity Learning Series Forum
- Language interpretation services
- QI Equity work group
- Differences in prescribing practices across racial groups report
- Summary report on wellness & recovery groups

When comparing 2019 and 2020 equity self-assessment scores, the current BHS Interim Equity Director and Equity Leads identified significantly inflated ratings on the 2019 BHS Equity Self-Assessment. As a result, many of the 2020 items received decreased ratings, in comparison to 2019, in accordance with updated OHE and BHS standards.

Out of 16 A3 proposed countermeasures, 11 were completed. An additional 6 out of 8 equity activities were achieved outside of the original A3 proposed countermeasures. Where some efforts have yet to be completed, there were great strides in others such as those made in telehealth. When comparing 2019 and 2020 equity self-assessment

scores, the current BHS Interim Equity Director and Equity Leads identified significantly inflated ratings on the 2019 BHS Equity Self-Assessment. As a result, many of the 2020 items received decreased ratings, in comparison to 2019, in accordance with updated OHE and BHS standards.

Equity Assessment Score

Average score per domain:

- Normalizing score: **2.5** (3.4 in 2019)
 - Organizing: **2.4** (3.3 in 2019)
 - Operationalizing: **2.1** (3.8 in 2019)
- Overall stage: **Beginning**

Jail Health Services

Jail Health Services did not have any primary equity metrics however had several proposed equity goals. Of these, a staff equity survey was completed and other Normalizing activities have been started. The JHS Equity group meets weekly to reinvigorate equity work at JHS. They have made significant advances in 2019-2020 including:

- Adding DEI discussions/trainings in important meetings
- Supporting African American Affinity groups
- Developing and distributing a JHS-specific equity survey
- Implementing the Equity Champions Program
- Partnering with the Department to stratify data by race and create countermeasures
- Implicit bias, cultural humility and TIS trainings

In 2019, JHS had limited individual self-assessment scores as they had not started much activity at that point. Over the course of 2019 to 2020, however, the Jail Health staff have been very active in making equity a priority. This meant a large jump in all areas of the equity assessment. There were significant additions in Normalizing with training, open discussion and formalized equity agenda items at major meetings. The

designation of an Equity Lead and council improved the Organizing score. Despite the short timeframe for the Normalizing and Organizing activities, the JHS staff were able to begin some Operationalizing steps, mostly in the workforce area; equity questions in hiring and staff performance evaluation.

Equity Assessment Score

- Normalizing score: **2.6** (1.8 in 2019)
 - Organizing: **2.6** (1.7 in 2019)
 - Operationalizing: **2.4** (1.8 in 2019)
- Overall stage: **Beginning**

Laguna Honda Hospital

LHH's FY19/20 A3 was partially implemented, but many of their activities were curtailed due to COVID-19 emergency response and their own protective health order, put in place to prevent outbreaks in their skilled nursing facility. LHH continues to see racialized health disparities for residents (e.g., hypertension), and racialized disparities in their workforce, specifically related to discipline and opportunities for promotion. Employee Engagement results from the 2020 pulse survey show low participation from Black/African American staff, however of those who responded, a slight increase in overall job satisfaction was reported. They created an infrastructure for the new year, including a Department of Equity and Culture with a dedicated 1.0 FTE director and a dedicated executive sponsor. Accomplishments from 2019-2020 include:

- Developing inclusive and accessible customer service, respect and equity training
- Disaggregating Unusual Occurrence (UO) data by race and the beginning of an evaluation for disparities in this data
- Establishing the LHH Equity Council

Overall progress assessment shows increased scores in many areas, especially in the Operationalizing category. These increases came from improvements in training, the formalizing of the Equity Lead role, an improved Equity Action Plan (A3). LHH also improved in areas by instituting new efforts, including equity performance standards for employees and an equity-conscious budget process.

Regressions in the Normalizing and Organizing category were attributed to staff effort diverted to the COVID-19 response.

Equity Assessment Score

- Normalizing score: **2.3** (2.2 in 2019)
 - Organizing: **2.3** (2.0 in 2019)
 - Operationalizing: **2.5** (1.5 in 2019)
- Overall stage: **Beginning**

Maternal Child and Adolescent Health

MCAH's primary metrics were related to Workforce/Training and the normalization of equity, seeing improvements in 2 out of 5 metrics. By 2020, there was a 15% increase in staff who reported actively being involved in advancing racial equity in their work. 69% of MCAH staff also reported feeling comfortable talking about race and racism in the workplace—an additional 4% from the previous year.

MCAH's A3 countermeasures have also had some gains and continue to be in progress. MCAH Family Planning planned and funded a Reproductive Justice Summit in 2020 as intended which was very successful. The summit was delayed by COVID and was hosted remotely in early 2021. The Summit welcomed stakeholders across SF and California and a large number of clients that we serve including black birthing people. In addition, MCAH hired a new staff member in July 2020 to serve as Equity Lead with OHE along with other duties. Other accomplishments include:

- Presenting race equity tools at Section Management Team (SMT) meetings

- Including race equity SMART goals in performance plans
- Race equity agenda in all standing meetings
- Developing and standardizing race equity interview questions

The overall progress assessment reflects MCAH's growth in the normalization of equity, while the Organizing and Operationalizing categories have primarily remained stable or regressed in a few areas (such as communication with staff re. equity work & sharing outcomes). These regressions are consistent with the restrictions imposed by the COVID response.

Equity Assessment Score

- Normalizing score: **2.6** (2.3 in 2019)
 - Organizing: **2.3** (2.6 in 2019)
 - Operationalizing: **1.8** (1.7 in 2019)
- Overall stage: **Beginning**

Population Health

The COVID-19 outbreak had significant impacts on the Equity goals set by the Population Health Division. Significant work was done by PHD staff to ensure that COVID response activities reached the communities most impacted, that resources were equitably distributed, and that community partnership was established and sustained throughout the pandemic emergency. These activities included, among many others:

- The development and deployment of a Latinx response strategy
- The staffing of neighborhood liaisons
- The production of health materials
- Support and monitoring of high-risk sites including single room occupancy hotels, skilled nursing facilities and other congregate settings
- Development and oversight of school and childcare reopening

Many activities previously planned for 2020 were displaced by the COVID response. Activities such as creating opportunities for staff of color to participate in developing the racial equity action plan and

policies started in 2019, but has remained dormant due to staff deployments. Nevertheless, out of 9 proposed countermeasures documented in the 2019 PHD A3, 2 were completed:

- Establish an office of anti-racism and inclusion and higher Director
- Design and develop racial equity group

Equity Assessment Score

- Normalizing score: **2.7** (2.6 in 2019)
 - Organizing: **2.8** (3.5 in 2019)
 - Operationalizing: **3.1** (2.5 in 2019)
- Overall stage: **Working, nearly Established**

Primary Care

Blood pressure control has been a major focus for quality improvement for San Francisco Health Network primary care patients diagnosed with hypertension. Before the pandemic, SFHN was high performing in hypertension control, having achieved the 90th percentile for the HEDIS benchmark for the overall population while narrowing the disparity gap for our Black/African American patients to 3%.

For most of 2020, since COVID, hypertension control rate decreased markedly for the entire population. By December 2020, the HTN control rate for Black/African American (B/AA) patients was 48% compared to 50% for the general population and has continued to trend downward since then. While overall hypertension rates declined in 2020 since COVID, continued efforts to prioritize outreach to B/AA patients for outreach have helped to improve hypertension control for B/AA patients. However, Primary Care is still far from pre-COVID rates. Challenges have included 1) decreased staffing at primary care clinic sites as nurses and MEAs have been deployed to support COVID Command Center efforts citywide; 2) loss of team-based care at some of our clinic sites as MEAs and nurses have been deployed; and 3)

reduced capacity for network-wide practice improvements and sharing of best practices as leadership have also been focused on COVID testing and vaccine efforts.

Equity self-assessment scores from 2019 in comparison to 2020 reflect these challenges, with some significant improvements as well as regressions. Improvements occurred in normalizing trainings, and organizing equity champions and data systems to monitor health equity metrics. Some regressions occurred across all domains, however, overall equity progress increased from 2019.

Equity Assessment Score

- Normalizing score: **2.6** (2.5 in 2019)
 - Organizing: **3.7** (2.8 in 2019)
 - Operationalizing: **2.9** (2.4 in 2019)
- Overall stage: **Working, nearly Established**

ZSFG

ZSFG exceeded their Health/Service metrics by the end of 2020, with 88% of patients having complete REAL data, and 60% of department with stratified PIPS have countermeasures to reduce disparities. ZSFG has also been able to meet their goal in the increase of equity drivers with countermeasures; 5 out of 8 proposed countermeasures were achieved. There was an increase of B/AA employees responding favorably and affirmatively that they see their department actively improving in racial equity. ZSFG has incorporated the equity module in their new employee orientation and online training program for all staff and have implemented equity sub-councils in 12 departments. These were accomplished despite challenges with ongoing COVID-19 response and the leave of Anh Thang Dao-Shah, the prior Equity Lead. Additional accomplishments in 2019-2020 include:

- Integrating BP tools to Lean Management System (LMS) format at clinics

- Developing patient-centered equity roadmap to share with patients and managers
- Providing extra support for 4 prioritized equity sites
- Incorporating equity training into PC volunteer onboarding requirements for Food Pharmacies
- Piloted a central outreach model with Revenue Reconciliation team
- Developed and utilized equity dashboard to stratify quality measures by race
- Participated in and provided direction to equity leadership team and racial equity champions
- Developed EPIC outreach documentation, tip sheets, and trainings
- Ran a PDSA without reach tracking
- Co-designed education materials with 510 media and share with workgroup
- Integrated hypertension toolkit with Epic patient materials
- Explore behavioral health interventions with HTN Equity Workgroup

Overall, the Normalizing phases at ZSFG remained stable at 54% from 2019, with significant improvements in the Organizing and Operationalizing phases. These improvements were primarily in training and communication, as well as standardized approaches to ensure equity in hiring and onboarding.

Equity Assessment Score

- Normalizing score: **3.4** (3.2 in 2019)
 - Organizing: **3.0** (3.4 in 2019)
 - Operationalizing: **3.0** (2.9 in 2019)
- Overall stage: **Established**

Central Administration

The central administration operational sections (reporting to the Chief Operating Officer) include Information Technology, Finance, Human Resources, Security and Compliance. These groups did not have Equity plans in 2019 so can't be evaluated for their progress in the same way as other areas of DPH. Additionally, among the remaining administrative offices, namely Communications, Policy and Planning, and Health Equity, only OHE had an established plan (on behalf of DPH generally). Some of these groups established goals in 2020 and achieved some outcomes in by the end of 2020; HR formed a working group for the REAP that become it's Equity Council, IT staff participated in equity trainings, The Policy and Planning Director joined the Equity Governing Council, and Compliance partnered with OHE to introduce a respectful behavior standard into the Employee Code of Conduct, and all sections establishing an Equity Lead by the end of 2020.

Overall, the central administration sections are primarily in the Normalizing phase, having started later than other areas on initiating equity efforts. This was a deliberate choice by the Office of Health Equity to focus initially limited resources on public facing areas that have direct impacts on health disparities. As resources have expanded, so has support and effort on equity in these areas.

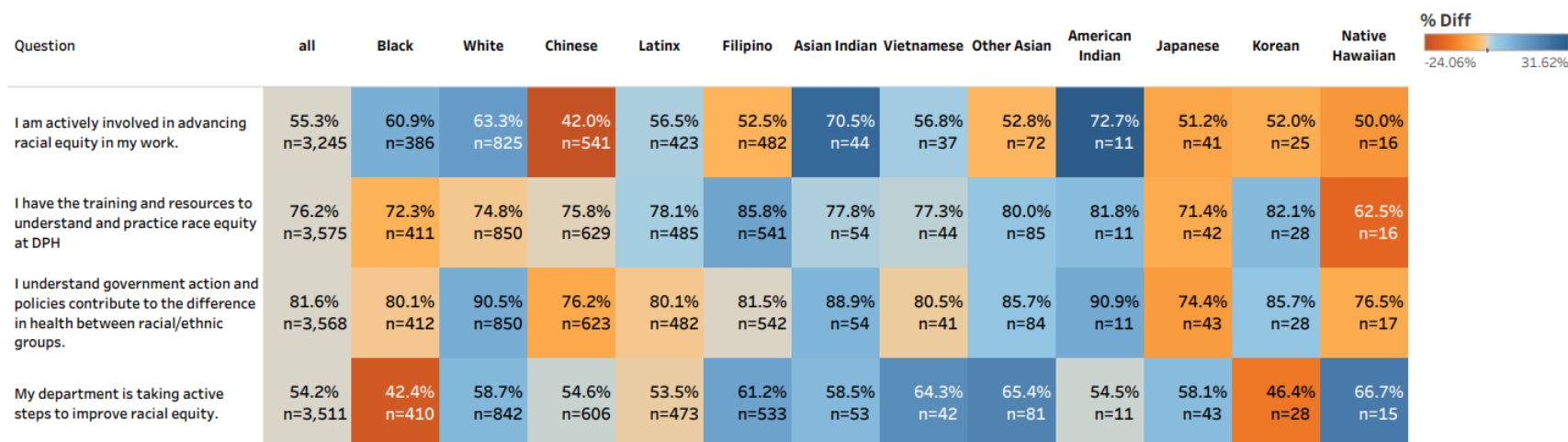
Equity Assessment Score

Some Central Administration sections did self-assessments in either 2019 and/or 2020. They generally scored 1 or planning stage for all activities, with some activities not yet considered. OHE gave these departments to defer the assessment the review of 2021, when all are expected to be significantly progressed.

→ Overall stage: **Planning**

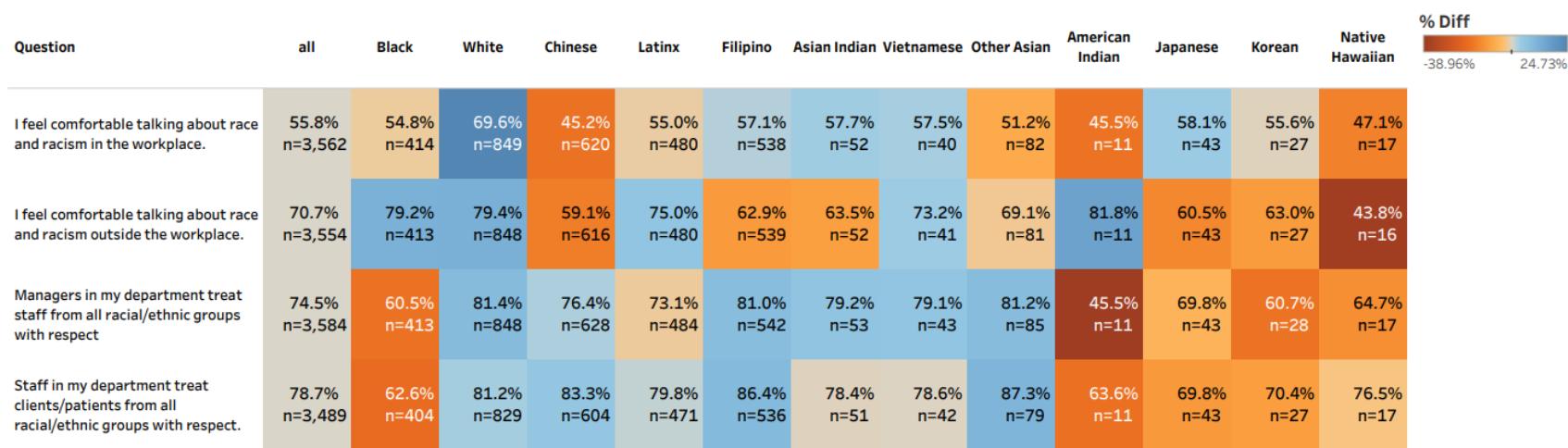
Appendix C: Staff Engagement Pulse Survey Results

Comparing Racial Equity Training Questions by Race/Ethnicity



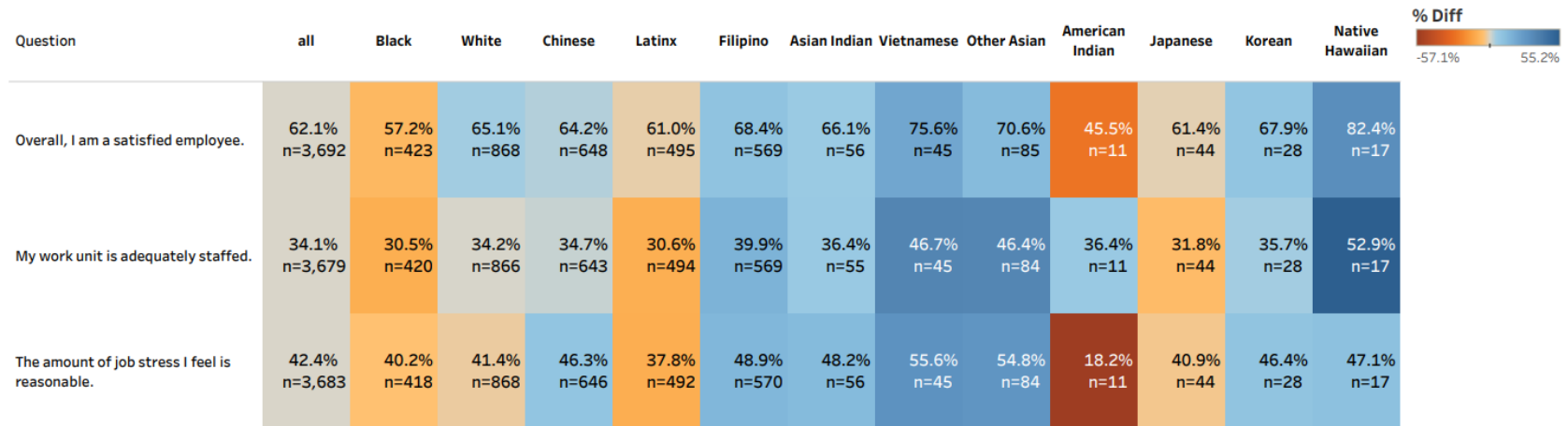
% Favorable by Race/Ethnicity based on 2020 Employee Engagement Pulse Survey

Comparing Racial Equity Respect/Comfort Questions by Race/Ethnicity



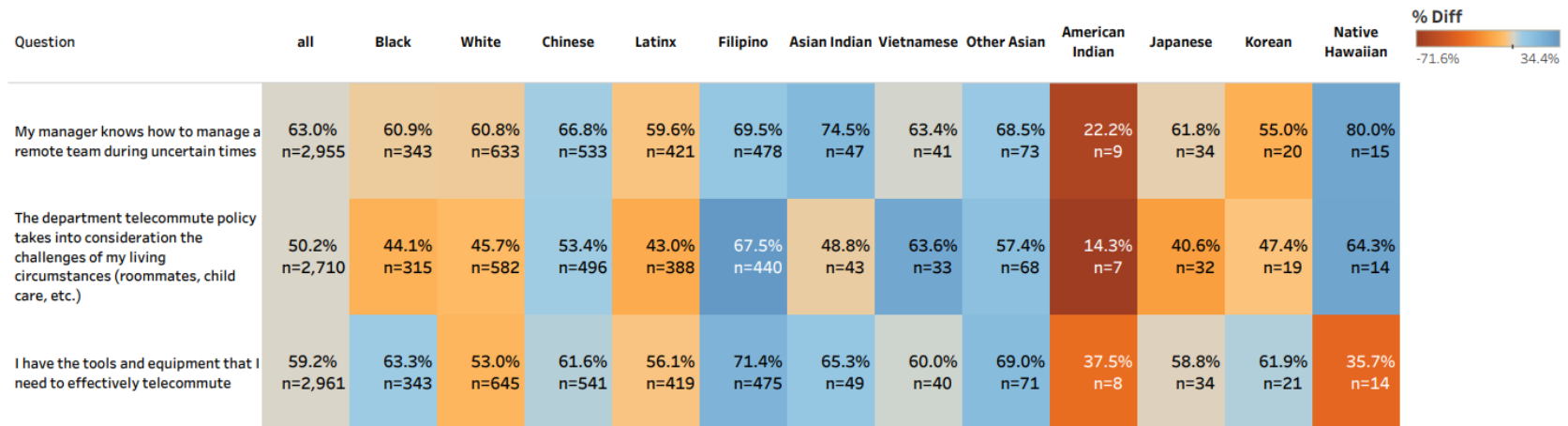
% Favorable by Race/Ethnicity based on 2020 Employee Engagement Pulse Survey

Comparing Staffing/Satisfaction Questions by Race/Ethnicity



% Favorable by Race/Ethnicity based on 2020 Employee Engagement Pulse Survey

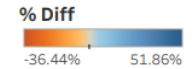
Comparing Telecommute Questions by Race/Ethnicity



% Favorable by Race/Ethnicity based on 2020 Employee Engagement Pulse Survey

Comparing Communication Questions by Race/Ethnicity

Question	all	Black	White	Chinese	Latinx	Filipino	Asian Indian	Vietnamese	Other Asian	American Indian	Japanese	Korean	Native Hawaiian
Communication within your work units is effective (that is, between you, your managers, and your colleagues).	69.3% n=3,691	66.7% n=423	70.8% n=867	71.6% n=645	66.9% n=495	76.5% n=570	73.2% n=56	77.8% n=45	72.9% n=85	54.5% n=11	68.2% n=44	67.9% n=28	64.7% n=17
Different divisions within this organization communicate effectively each other (for example, between ZSFG and Laguna Honda).	34.9% n=3,329	36.9% n=369	24.9% n=799	36.6% n=566	33.3% n=445	53.0% n=540	42.6% n=47	45.9% n=37	49.3% n=73	40.0% n=10	25.6% n=43	33.3% n=24	50.0% n=16
Different levels of the division that you belong to communicate effectively with each other. Divisions include the primary divisions listed in question 5.	50.6% n=3,631	46.3% n=419	48.0% n=858	54.5% n=635	46.7% n=478	64.9% n=564	57.1% n=56	58.1% n=43	61.0% n=82	50.0% n=10	46.5% n=43	44.4% n=27	70.6% n=17
Different levels of this organization communicate effectively with each other. This refers to communication between staff, managers, and senior leaders at SFDPH.	48.4% n=3,652	47.9% n=420	42.2% n=860	50.9% n=638	46.9% n=484	66.3% n=567	51.8% n=56	63.6% n=44	57.6% n=85	40.0% n=10	50.0% n=42	40.7% n=27	70.6% n=17
The person I report to is a good communicator.	71.5% n=3,683	71.3% n=421	69.8% n=864	73.3% n=644	71.3% n=494	77.9% n=570	71.4% n=56	77.8% n=45	76.5% n=85	45.5% n=11	65.1% n=43	71.4% n=28	82.4% n=17



% Favorable by Race based on 2020 Employee Engagement Pulse Survey